

Co-Applicant Signature

City of Yuma Water Service Agreement

	Rent	Ιп	Own	Escrow	#					Start Serv	vice Date			
Name									Complete	•				
Name										SSN#				
Co-Ap	plicant	Date of Birth									Complete SSN #			
Servic Addre														
Mailin Addre														
Home Phone										Cell Phone				
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	ress*		,							AZ	ZIP			
Dis	connect	t Date*												
I. the undersigned applicant, hereby apply to the City of Yuma ("City") for water, waste water, and/or trash services ("Services"). I agree to use such Services for my own purposes and agree not to sell or donate any part of the Services or permit the Services to be used for any other purpose. I agree to pay for such Services at the regular published rates and in accordance with City Code, rules, policies, and regulations, which are made a part hereof. I agree that if my account under this Services Agreement ("Agreement") is not paid promptly when due, and the City, in its sole discretion, deems it necessary to resort to collection agencies or autorneys, including but not limited to, the City's in-house autorneys, to collect the amount of the applicant I agree to pay a fifteen percent (15%) collection fee and one and one half percent (1.5%) interest charge per month on the unpaid balance and all costs and autorneys' fees in connection herewith. I agree that duly authorized agents and employees of the City shall have access to my premises at all reasonable hours for the purpose of installation, removal, or repair of meters and to inspect all equipment incidental to carrying out this Agreement. I further agree to save and hold the City harmless from any and all claims, real or alleged, for loss or damage to property of persons due to or arising out of the connection or disconnection of the Services beyond the point of metering or connection to the City's waste water facilities. I affirm that I am the owner of the served premises and request such Services are requested and/or have express legal authority to occupy said served premises and request such Services of cocupy the served premises and I desire to discontinue Services. I agree to accept legal service of process by publication if my whereabouts are unknown to the City. In the event of failure on my part to comply with the terms and conditions of this Agreement, I agree that the City, or its authorized representatives, may discontinue Services hereunder with														
• The City	may disclose	social secur	rity numbers to	o another agency or go to provide Services at								-		
Date														
Prima	ary App	olicant	Signat	ure										
										Date				

Complete and sign the application and send with a copy of your photo ID to custsvcs@yumaaz.gov or fax 928.373.5077.